

UNITED STATES DISTRICT COURT

CENTRAL

District of

MASSACHUSETTS

ROBERT SMALE and LESLIE SMALE

V.

TITLE 11 FUNDING, LLC

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

05-40033

TO: (Name and address of Defendant)

Title 11 Funding, LLC
76 Dorrance Street, Suite 200
Providence, RI 02903

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Robert F. Casey, Jr.
6 Lancaster County Road
Harvard, MA 01451
(978) 772-2223

an answer to the complaint which is served on you with this summons, within twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

DATE

2.22.05

(By) DEPUTY CLERK

Kathleen Nassett

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

3-21-05

NAME OF SERVER (PRINT)

Robert F. Casey, Jr.

TITLE

Plaintiffs' Counsel

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☒ Other (specify): Certified mail/ Return Receipt Requested (attached)
to: Title 11 Funding, LLC, 76 Dorrance St., Suite 200, Providence, RI
02903-2227

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

\$0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

3/24/05

Date

Signature of Server

Robert F. Casey, Jr., P.C.

6 Lancaster County Road, Unit A
 Harvard, MA 01451

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

PROVIDENCE, RI 02903-2227

Postage \$ 0.60

UNIT ID: 0451

Certified Fee 2.30

Return Receipt Fee (Endorsement Required) 1.75

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 4.65

03/18/05

Clerk: KKRDCP

Postmark Here

☐ Agent☐ Addressee

Name)

C. Date of Delivery

3/21/05

rent from item 1? ☐ Yesaddress below: ☐ No

Express Mail

Return Receipt for Merchandise

C.O.D.

(tra Fee)

☐ Yes

20 3857

Sent To

Title 11 Funding, LLC

Street, Apt. No.,

76 Dorrance St., Suite 200

or PO Box No.

City, State, ZIP+4

Providence, RI 02903-2227

PS Form 3800, June 2002

See Reverse for Instructions

2. Artic (Tran

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540